

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission  
527 East Capitol Avenue  
Post Office Box 19280  
Springfield, Illinois 62794-9280

For Commission Use Only:

Case 00-0544

Regarding a complaint

by Bill Casey Electric Sales, Inc.  
(Person making the complaint)

against A.T. & T.  
(Utility name)

as to Billing disputes; (ring no answer; hung calls;  
duplicative and fraudulent billing)  
(Reason for complaint)

in Bensenville Illinois.

CHIEF CLERK'S OFFICE  
AUG 10 3 07 PM '00  
ILLINOIS  
COMMERCE COMMISSION

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1001 Industrial Drive, Bensenville, Illinois

The service address that I am complaining about is 1001 Industrial Drive, Bensenville, Illinois 60106

My home telephone number is [ 630 ] 561-8416

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [ 630 ] 860-3600

A.T. & T. (respondent) is a public utility and is subject to the provisions of  
(Full name of utility company)  
the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

Numerous; (please see above)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about X Yes      No  
this complaint?

Has your complaint filed with that office been closed?      Yes X No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

It has come to the attention of the Company that over the last year and a half, A.T. & T. has improperly billed Bill Casey Electric Sales, Inc. A.T. & T. has engaged in improper billing, including but not limited to, ring no answer, hung calls, duplicative and fraudulent billings.

Please clearly state what you want the Commission to do in this case.

Rescission of the voidable agreement and appropriate refund.

Date: 8-03-00  
(Month, day, and year)

Complainant's signature

*[Handwritten signature]*

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

Have not decided yet.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

A notary public must watch you fill out this part of the form.

I, William J. Casey, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

*[Handwritten signature]*  
(Signature)

Subscribed and sworn/affirmed to before me this 3rd day of August, 2000.

*[Handwritten signature]*  
Notary Public, Illinois



#### NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.